

**PCT**WORLD INTELLECTUAL PROPERTY ORGANIZATION  
International Bureau

## INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

<b>(51) International Patent Classification <sup>6</sup> :</b> <b>A61K 38/16, C07K 14/00</b>	<b>A1</b>	<b>(11) International Publication Number:</b> <b>WO 98/24464</b> <b>(43) International Publication Date:</b> 11 June 1998 (11.06.98)
<b>(21) International Application Number:</b> PCT/US97/22418 <b>(22) International Filing Date:</b> 3 December 1997 (03.12.97)  <b>(30) Priority Data:</b> 60/032,329 3 December 1996 (03.12.96) US  <b>(71) Applicant:</b> TRUSTEES OF BOSTON UNIVERSITY [US/US]; 147 Bay State Road, Boston, MA 02215 (US).  <b>(72) Inventors:</b> WOLFE, Michael, M.; 31 Montrose Street, Newton, MA 02158 (US). TSENG, Chi-Chuan; 274 Park Street, Newton, MA 02158 (US). NEVILLE, Linda; 10 Draper Avenue, Hull, MA 02155 (US).  <b>(74) Agents:</b> MANSO, Peter, J. et al.; Jenkins & Gilchrist, Suite 1800, 1100 Louisiana, Houston, TX 77002 (US).		<b>(81) Designated States:</b> AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, HU, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZW, ARIPO patent (GH, KE, LS, MW, SD, SZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG).  <b>Published</b> <i>With international search report. Before the expiration of the time limit for amending the claims and to be republished in the event of the receipt of amendments.</i>
<b>(54) Title:</b> SPECIFIC ANTAGONISTS FOR GLUCOSE-DEPENDENT INSULINOTROPIC POLYPEPTIDE (GIP)  <b>(57) Abstract</b>  In one embodiment, this invention provides an antagonist of glucose-dependent insulintropic polypeptide (GIP) consisting essentially of a 24 amino acid polypeptide corresponding to positions 7-30 of the sequence of GIP. In another embodiment, this invention provides a method of treating non-insulin dependent diabetes mellitus in a patient comprising administering to the patient an antagonist of glucose-dependent insulintropic polypeptide (GIP). In yet another embodiment, this invention provides a method of improving glucose tolerance in a mammal comprising administering to the mammal an antagonist of glucose-dependent insulintropic polypeptide (GIP).		



**FOR THE PURPOSES OF INFORMATION ONLY**

Codes used to identify States party to the PCT on the front pages of pamphlets publishing international applications under the PCT.

AL	Albania	ES	Spain	LS	Lesotho	SI	Slovenia
AM	Armenia	FI	Finland	LT	Lithuania	SK	Slovakia
AT	Austria	FR	France	LU	Luxembourg	SN	Senegal
AU	Australia	GA	Gabon	LV	Latvia	SZ	Swaziland
AZ	Azerbaijan	GB	United Kingdom	MC	Monaco	TD	Chad
BA	Bosnia and Herzegovina	GE	Georgia	MD	Republic of Moldova	TG	Togo
BB	Barbados	GH	Ghana	MG	Madagascar	TJ	Tajikistan
BE	Belgium	GN	Guinea	MK	The former Yugoslav Republic of Macedonia	TM	Turkmenistan
BF	Burkina Faso	GR	Greece	ML	Mali	TR	Turkey
BG	Bulgaria	HU	Hungary	MN	Mongolia	TT	Trinidad and Tobago
BJ	Benin	IE	Ireland	MR	Mauritania	UA	Ukraine
BR	Brazil	IL	Israel	MW	Malawi	UG	Uganda
BY	Belarus	IS	Iceland	MX	Mexico	US	United States of America
CA	Canada	IT	Italy	NE	Niger	UZ	Uzbekistan
CF	Central African Republic	JP	Japan	NL	Netherlands	VN	Viet Nam
CG	Congo	KE	Kenya	NO	Norway	YU	Yugoslavia
CH	Switzerland	KG	Kyrgyzstan	NZ	New Zealand	ZW	Zimbabwe
CI	Côte d'Ivoire	KP	Democratic People's Republic of Korea	PL	Poland		
CM	Cameroon	KR	Republic of Korea	PT	Portugal		
CN	China	KZ	Kazakstan	RO	Romania		
CU	Cuba	LC	Saint Lucia	RU	Russian Federation		
CZ	Czech Republic	LI	Liechtenstein	SD	Sudan		
DE	Germany	LK	Sri Lanka	SE	Sweden		
DK	Denmark	LR	Liberia	SG	Singapore		
EE	Estonia						



- 1 -

**SPECIFIC ANTAGONISTS FOR GLUCOSE-DEPENDENT  
INSULINOTROPIC POLYPEPTIDE (GIP)**

The work leading to this invention was supported in part by Grant Nos. DK08753 and RO1DK48042 from the National Institutes of Health. The U.S. Government may have certain rights to this invention.

**Field of the Invention**

This invention is directed to specific antagonists of glucose-dependent insulintropic polypeptide (GIP). This invention is also directed to treatment of non-insulin dependent diabetes through increasing glucose tolerance without requirement for increased serum insulin, the treatment of obesity by the administration of a GIP antagonist, the development of nonpeptide GIP antagonist compounds, and compositions.

**Background**

Insulin release induced by the ingestion of glucose and other nutrients is due part to both hormonal and neural factors (Creutzfeldt, et al., 1985, *Diabetologia* 28:565-573). Several gastrointestinal regulatory peptides have been proposed as incretins, the substance(s) believed to mediate the enteroinsular axis and that may play a physiological role in maintaining glucose homeostasis (Unger, et al., 1969, *Arch. Intern. Med.* 123:261-266; Ebert R., et al. 1987, *Diab. Metab. Rev.*, 3:1-16; Dupré J., 1991, "The Endocrine Pancreas." Raven Press, New York, p 253). Among these candidates, only glucose-dependent insulintropic polypeptide (GIP) and glucagon like peptide-1 (7-36)(GLP-1) appear to fulfill the requirements to be considered physiological stimulants of postprandial insulin release (Dupré, et al. 1973, *J. Clin. Endocrinol. Metab.*, 37:826-828; Nauck, et al., 1989, *J. Clin. Endocrinol. Metab.*, 69:6540662; Kreymann, et al. 1987, *Lancet*, 2:1300-1304; Mojsov, et al., 1987, *J. Clin. Invest.*, 79:616-619).

Following oral glucose administration, serum GIP levels increase several fold (see Cleator, et al., 1975, *Am. J. Surg.*, 130:128-135; Nauck, et al. 1986, *J. Clin. Endocrinol. Metab.*, 63:492-498; Nauck, et al., 1986, *Diabetologia*, 29:46-52; Salera, et al., 1983, *Metabolism*, 32:21-24; Kreymann, et al., 1987, *Lancet*, 2:1300-1304), and although the



- 2 -

increment in plasma GLP-1 concentration in response to glucose is also significant, it is far smaller in magnitude (Kreymann, et al., 1987, *Lancet*, 2:1300-1304; Ørskov, et al., 1987, *Scand. J. Clin. Lab. Invest.*, 47:165-174; Ørskov, et al., 1991, *J. Clin. Invest.*, 87:415-423; Shuster, et al., 1988, *Mayo Clin. Proc.*, 63:794-800). In human volunteers, Nauck *et al.* (1993, *J. Clin. Endocrinol. Metab.*, 76:912-917) showed that GIP was a major contributor in the incretin effect after oral glucose, whereas GLP-1 appeared to play a major role. Shuster *et al.* (1988) also suggested that GIP was the most important, but not the sole, mediator of the incretin effect in humans.

Some studies have demonstrated that GIP and GLP-1 are equally potent in their capacity to stimulate insulin release (Schmid, et al., 1990, *Z. Gastroenterol.*, 28:280-284; Suzuki, et al., 1990, *Diabetes*, 39:1320-1325), whereas others have suggested that GLP-1 possesses greater insulintropic properties (Siegel, et al. 1992, *Eur. J. Clin. Invest.* 22:154-157; Shima, et al. 1988, *Regul. Pept.*, 22:245-252). Recently, using a putative specific antagonist to the GLP-1 receptor, exendin (9-39), Wang *et al.* have demonstrated that exendin reduced postprandial insulin release by 48% and thus concluded that GLP-1 might contribute substantially to postprandial stimulation of insulin secretion (Wang, et al. 1995, *J. Clin. Invest.*, 95:417-421). More recent studies, however, have shown that exendin might also displace GIP binding from its receptor and thereby reduce GIP-stimulated cyclic adenosine monophosphate (cAMP) generation (Wheeler, et al. 1995, *Endocrinology*, 136:4629-4639; Gremlich, et al: 1995, *Diabetes*, 44:1202-1208). Therefore, the antagonist properties of exendin (9-39) might not be limited to GLP-1.

The availability of a GIP-specific receptor antagonist would be invaluable for determining the precise roles of these peptides in mediating postprandial insulin secretion.

## **Summary of the Invention**

It is an object of this invention to provide specific antagonists of glucose-dependent insulintropic polypeptide (GIP).

It is another object of this invention to provide alternative methods for treatment of non-insulin dependent diabetes which increase glucose tolerance without requirement for increased serum insulin, for treatment of obesity with a GIP antagonist which inhibits, blocks or reduces glucose absorption from the intestine of an animal, and for development of nonpeptide GIP antagonist compounds.



- 3 -

In one embodiment, this invention provides an antagonist of glucose-dependent insulinotropic polypeptide (GIP) consisting essentially of a 24-amino acid polypeptide corresponding to positions 7-30 of the sequence of GIP.

5 In another embodiment, this invention provides a method of treating non-insulin dependent diabetes mellitus in a patient comprising administering to the patient an antagonist of glucose-dependent insulinotropic polypeptide (GIP).

In yet another embodiment, this invention provides a method of improving glucose tolerance in a mammal comprising administering to the mammal an antagonist of glucose-dependent insulinotropic polypeptide (GIP).

10 Using a reporter L-cell line stably transfected with rat GIP receptor cDNA (LGIPR2), the inventors have identified a fragment of GIP [GIP (7-30)-NH<sub>2</sub>] as a specific GIP receptor antagonist. This antagonist (referred to as ANTGIP) inhibited GIP-stimulated intracellular cAMP production *in vitro*, and ANTGIP competed with GIP for binding to cellular receptors, but did not compete with GLP-1. ANTGIP inhibited the GIP-dependent release of insulin *in*  
15 *vivo*, but ANTGIP had no effect on glucose-, GLP-1-, GIP-, and arginine-induced insulin release in anesthetized rats. In conscious rats, ANTGIP inhibited postprandial insulin release, without significantly affecting the serum glucose concentration. However, despite its inhibiting effect on insulin release, ANTGIP has been discovered to enhance glucose tolerance in an oral glucose tolerance test.

20

#### **Brief Description of the Figures**

Figure 1A and 1B show cAMP-dependent  $\beta$ -galactosidase production by LGIPR2 cells in the presence of GIP or various GIP fragments.

25 Figure 2 shows dose-dependent inhibition of ANTGIP on GIP-induced cAMP-dependent  $\beta$ -galactosidase production in LGIPR2 cells.

Figure 3 shows competition of <sup>125</sup>I-GIP and <sup>125</sup>I GLP-1(inset) binding by GIP, GLP-1 and ANTGIP.

Figure 4 shows plasma insulin concentrations ( $\pm$ SE) in fasted anesthetized rats after 30 min of GIP, ANTGIP, or 0.9 NaCl infusion.

30 Figure 5 shows plasma insulin concentrations ( $\pm$ SE) in fasted anesthetized rats after a 30-min infusion of GLP-1 (0.4 nmol/kg), glucose (0.8 g/kg), or arginine (375 mg/kg) with (open bars) or without (solid bars) ANTGIP (100 nmol/kg) (n=6 for each group).



- 4 -

Figure 6 shows postprandial plasma insulin and serum glucose levels ( $\pm$ SE) in conscious trained rats.

Figure 7 shows plasma insulin level following oral glucose administration to rats with or without ANTGIP injection.

5        Figure 8 shows plasma glucose level following oral glucose administration to rats with and without ANTGIP injection.

Figure 9 shows the effects of the GIP receptor antagonist, ANTGIIP, on the absorption of free D-glucose from the lumen of the jejunal test segment.

## 10        **Detailed Description of the Invention**

Glucose-dependent insulintropic polypeptide (GIP) is 42-amino acid hormone that was originally described as a inhibitor of acid secretion. More recently, however, it has been shown to be potent stimulant for the release of insulin from the endocrine pancreas.

15        The inventors have confirmed previous studies (Rossowski, et al., 1992, *Regul. Pep.*, 39:9-17) indicating that truncated GIP [GIP (1-30)-NH<sub>2</sub>] might be one of the biologically active forms of mature GIP. As shown in Figure 1, GIP (1-30)-NH<sub>2</sub> was nearly equipotent to GIP (1-42) in stimulating cAMP dependent  $\beta$ -galactosidase production in LGIPR2 cells. These findings are consistent with the observations of Wheeler, *et al.* (1995), reported that both GIP(1-42) and GIP(1-30) exhibited similar stimulatory properties for cAMP production  
20        in COS-7 cell transiently expressing GIP receptor cDNA. Moreover, Kieffer *et al.* (1993, *Can. J. Physiol. Pharmacol.*, 71:917-922) found that GIP (1-30) competitively inhibited binding of GIP (1-42) to the GIP receptor in  $\beta$ TC3 cells. These data suggest the possibility of cellular processing of GIP (1-42) to yield biologically-active  $\alpha$ -amidated GIP (1-30).

## 25        **Physiological effects of GIP antagonists**

Insulin release induced by the ingestion of glucose and other nutrients is due in part to both hormonal and neural factors (see, e.g., Creutzfeldt, et al., 1985). Although a number of gastrointestinal regulatory peptides have been proposed as putative incretins, GIP and GLP-1 are the most likely physiological insulintropic peptides. Although both GIP and GLP-1  
30        possess significant insulintropic properties, controversy exists regarding their relative physiological roles in stimulating insulin release.



- 5 -

Using a GLP-1 receptor antagonist exendin (9-39), Wang *et al.* (1995) detected a 50% decrease in postprandial insulin secretion in exendin-treated rats. Administration of exendin also reduced 70% of insulin release following intraduodenal glucose infusion (Kolligs, et al., 1995, *Diabetes*, 44:16-19). Recent studies, however, have demonstrated that exendin also displaced GIP binding from its receptor, and inhibits cAMP generation in response to GIP stimulation (Wheeler, et al. 1995; Gremlich, et al. 1995). Therefore, the antagonist properties of exendin do not appear to be GLP-1 specific.

Successful synthesis by the present inventors of a specific GIP receptor antagonist greatly facilitates investigation of the relative contribution of GIP in mediating the enteroinsular axis. The GIP fragment ANTGIP [GIP (7-30)-NH<sub>2</sub>] specifically inhibits various GIP-dependent effects. In LGIPR2 cells, ANTGIP inhibited the cAMP response to GIP in a concentration-dependent manner (see Figure 2), and in  $\beta$ TC3 cells, the antagonist displaced GIP binding from its receptor (see Figure 3). Furthermore, ANTGIP completely abolished the insulinotropic properties of GIP in fasted anesthetized rats, while not affecting GLP-1, glucose-, or arginine-stimulated insulin release indicating that this antagonist is GIP-specific. ANTGIP alone demonstrated no stimulatory effect on insulin release or cAMP generation in either intact rats or LGIPR2 cells, indicating the absence of any agonist properties. Studies demonstrated that even at a concentration as high as 10<sup>-4</sup> M, ANTGIP did not stimulate a detectable increase in cAMP-dependent  $\beta$ -galactosidase level in LGIPR2 cells.

The inventors have observed a 72% decrease in postprandial insulin release in response to the administration of ANTGIP to rats. ANTGIP did not affect GLP-1 binding to its receptor, and the insulinotropic effect of GLP-1 is preserved *in vivo* in the presence of ANTGIP. Furthermore, postprandial GLP-1 levels were not affected by ANTGIP. These findings are consistent with a dominant role for GLP in mediating the enteroinsular axis.

Wang *et al.* demonstrated an approximate 50% reduction in postprandial insulin levels in exendin-treated rats, whereas plasma glucose levels increased minimally from 7.5 to 8.7 mmol/l. The physiological significance of this minor increment in glucose level was not clear to Wang, et al. The inventors found that serum glucose concentrations remained largely unchanged despite a marked decrease in serum insulin levels in ANTGIP-treated rats. The results of the present study are consistent with the notion that insulin is not the sole mediator of glucose homeostasis, but that glucose maintenance is dependent on numerous neurohumoral factors. These factors include hormones, such as pancreatic glucagon, cortisol,



- 6 -

and growth hormone, and physiological events, including peripheral and hepatic glucose uptake.

The results of the present studies demonstrate that GIP (7-30)-NH<sub>2</sub> is a specific receptor antagonist of naturally occurring GIP. GIP (7-30)-NH<sub>2</sub> inhibits GIP-induced cAMP generation and insulin release, but does not affect the insulinotropic effects of other secretagogues such as glucose, arginine, and GLP-1. Furthermore, circulating insulin levels decreased by 72% in response to the concomitant administration of GIP (7-30)-NH<sub>2</sub> to chow-fed rats, indicating that GIP plays a dominant role in mediating postprandial insulin secretion.

Strikingly, although GIP (7-30)-NH<sub>2</sub> reverses the insulin stimulatory properties of the parent compound, when the GIP antagonist was administered to rats (injected intraperitoneally), oral glucose tolerance was improved: a significant decrease in serum glucose levels was detected at all time points in all rats. In addition, plasma insulin levels were also diminished in these same rats. These results are surprising -- with the decrease in insulin release, one would expect an increase in serum glucose. However, GIP has several other peripheral effects which may include an effect of GIP on peripheral glucose utilization, and the decrease in serum glucose levels seen with GIP might be due to such an effect.

The effect of GIP antagonists on serum glucose levels in the absence of increased serum insulin suggests their use in patients with noninsulin dependent diabetes mellitus (NIDDM). With the aging of the United States population, an increase in the number of cases of NIDDM has been predicted. In the past forty years, very few new forms of therapy for this most prevalent disease have been developed. GIP antagonists enhance tolerance to oral glucose, as demonstrated herein, and therefore treatment of NIDDM patients with these compounds is indicated.

## **GIP Antagonists**

A GIP antagonist according to this invention is any composition which interferes with biological action of GIP. Such compositions include antibodies specific for either GIP or GIP receptors, antisense RNA which hybridizes with mRNA encoding GIP or GIP receptor, or other genetic controls which knock out expression of GIP or GIP receptor. GIP antagonists also include peptides or other small molecules which bind to the GIP receptor and block the cAMP response to GIP. Suitable assays for antagonist activity are exemplified in Examples 1 and 2 below:



- 7 -

As described herein (see Example 1 below), the inventors have now discovered a polypeptide fragment of GIP that is a specific GIP receptor antagonist. While the 30-amino acid N-terminal fragment [GIP (1-30)-NH<sub>2</sub>] was as effective in stimulating cAMP increase through GIP receptors as the parent hormone, a fragment missing the most N-terminal six amino acids [GIP (7-30)-NH<sub>2</sub>] did not stimulate cAMP release in the same system. Thus, the N-terminal hexamer appears to be important for functional GIP signaling. GIP fragments missing the N-terminal 15 amino acids (e.g., GIP (16-30)-NH<sub>2</sub>) did not mimic GIP, but neither did they inhibit GIP-dependent effects. Thus, the segment from amino acids 7-15 appears to be especially important in signaling through the GIP receptor. Fragment GIP (10-30)-NH<sub>2</sub> was less effective as an antagonist, but retained some ability to affect GIP receptor activation, as indicated by partial agonist activity. Thus, peptide antagonists would appear to require the segment from amino acids 7-9 of the GIP sequence, and some or all of the amino acids from 10-30 or effective alternative amino acids thereto are likely to promote binding to the receptor. It should therefore be understood by those of skill in this art that the present invention contemplates any polypeptide sequence which effectively prevents GIP activation of its native receptor, such as the sequence containing amino acids in positions 7-30 of the sequence of the GIP sequence and polypeptides based upon sequences containing amino acids in positions 7-30 of the sequence of the GIP that include additional, deleted or alternative amino acids to form effective GIP polypeptide antagonist. Polypeptides based on this sequence may be designed for use as GIP antagonists according to this invention by the skilled artisan, who will routinely confirm that the resultant peptides exhibit antagonist function by testing the peptides in *in vitro* and *in vivo* assays such as those described in Examples 1 and 3-5 below.

Immunologic components specific for GIP or GIP receptors can be employed as GIP antagonists. Such antagonists include with specific monoclonal antibodies (either naked or conjugated to cytotoxic agents) or specific activated cytotoxic immune cells. Such antibodies or immune cells may be generated as reagents outside the body, or may be generated inside the body by vaccines which target GIP or GIP receptors.

Antibodies which are specifically reactive with GIP or the hormone binding domain of GIP receptor, or antigenic recombinant peptide fragments of either of those proteins, may be obtained in a number of ways which will be readily apparent to those skilled in the art. The known sequences of GIP (see Takeda, et al. 1987, *Proc. Natl. Acad. Sci USA*, B84:7005-



- 8 -

7008, and Genbank Accession No. M18185), and GIP receptor (see Bonner, T.I., and Usdin, T.B., 1995, Genbank Accession No U39231) can be used in conjunction with standard recombinant DNA technology to produce the desired antigenic peptides in recombinant systems (see, e.g., Sanbrook et al.). Antigenic fragments of GIP or GIP receptor can be  
5 injected into an animal as a immunogen to elicit polyclonal antibody production. Purification of the antibodies can be accomplished by selective binding from the serum, for instance by using cells transformed with DNA sequence encoding the respective proteins. The resultant polyclonal antisera may be used directly or may be purified by, for example, affinity absorption using recombinantly produced protein coupled to an insoluble support.

10 In another alternative, monoclonal antibodies specifically immunoreactive with either GIP or the hormone binding domain of GIP receptor may be prepared according to well known methods (See, e.g., Kohler and Milstein, 1976, *Eur. J. Immunol.*, 6:611), using the proteins or antigenic fragments described above as immunogen(s), using them for selection or using them for both functions. These and other methods for preparing antibodies or immune cells that are  
15 specifically immunoreactive with GIP or GIP receptor are easily within the skill of the ordinary worker in the art.

Immunogenic compositions according to this invention for use in active immunotherapy include recombinant antigenic fragments of GIP or GIP receptor prepared as described above and expression vectors (particularly recombinant viral vectors) which express antigenic fragments of  
20 GIP or GIP receptor. Such expression vectors can be prepared as described in Baschang, et al., U.S. Patent No. 4,446,128, incorporated herein by reference, or Axel, et al., Pastan, et al., or Davis, et al., using the known sequences of GIP or GIP receptor.

Still another GIP antagonist according to this invention is an expression vector containing an antisense sequence corresponding to all or part of an mRNA sequence encoding GIP or GIP  
25 receptor, inserted in opposite orientation into the vector after a promoter. As a result, the inserted DNA will be transcribed to produce an RNA which is complementary to and capable of binding or hybridizing to the mRNA. Upon binding to the GIP or GIP receptor mRNA, translation of the mRNA is prevented, and consequently the protein coded for by the mRNA is not produced. Suitable antisense sequences can be readily selected by the skilled artisan from the  
30 sequences of GIP or GIP receptor cited above. Production and use of antisense expression vectors is described in more detail in U.S. Patent 5,107,065 and U.S. Patent 5,190,931, both of which are incorporated herein by reference.



- 9 -

Alternative materials within the contemplation of the skilled artisan which function as antagonists of GIP in the procedures described in Examples 1 and 3-5 below may also be used in the therapeutic methods according to this invention.

## 5     **Therapeutic use of GIP antagonists**

GIP (7-30)-NH<sub>2</sub> acts as a receptor antagonist of GIP, but also improves glucose tolerance contrary to the expected consequence of blocking GIP-dependent insulin secretion. In addition, a GIP receptor antagonist in accordance with the present invention inhibits, blocks or reduces glucose absorption from the intestine of an animal. In accordance with this observation,  
10     therapeutic compositions containing GIP antagonists may be used in patients with noninsulin dependent diabetes mellitus (NIDDM) to improve tolerance to oral glucose or in animals, such as humans, to prevent, inhibit or reduce obesity by inhibiting, blocking or reducing glucose absorption from the intestine of the animal, as demonstrated herein.

Therapeutic compositions according to this invention are preferably formulated in  
15     pharmaceutical compositions containing one or more GIP antagonists and a pharmaceutically acceptable carrier. The pharmaceutical composition may contain other components so long as the other components do not reduce the effectiveness of the GIP antagonist according to this invention so much that the therapy is negated. Examples of such components include sweetening, flavoring, coloring, dispersing, disintegrating, binding, granulating, suspending, wetting,  
20     preservative and demulcent agents and the like. Pharmaceutically acceptable carriers are well known, and one skilled in the pharmaceutical art can easily select carriers suitable for particular routes for administration (Remington's Pharmaceutical Sciences, Mack Publishing Co., Easton, PA, 1985).

Also in accordance with the present invention, the GIP receptor antagonist of the present  
25     invention may be lyophilized using standard techniques known to those in this art. The lyophilized GIP receptor antagonists may then be reconstituted with, for example, suitable diluents such as normal saline, sterile water, glacial acetic acid, sodium acetate, combinations thereof and the like. The reconstituted GIP receptor antagonists in accordance with the present invention may be administered parenterally or orally and may further include preservatives or other acceptable inert  
30     components as mentioned hereinbefore.

The pharmaceutical compositions containing any of the GIP antagonists according to this invention may be administered by parenteral (subcutaneously, intramuscularly, intravenously,



- 10 -

intraperitoneally, intrapleurally, intravesicularly or intrathecally, topical, oral, rectal, or nasal route, as necessitated by choice of drug and disease. The dose used in a particular formulation or application will be determined by the requirements of the particular state of disease and the constraints imposed by the characteristics of capacities of the carrier materials. The concentrations of the active agent in pharmaceutically acceptable carriers may range from 0.1nM to 100 $\mu$ M. The compositions described above may be combined or used together or in coordination with another therapeutic substance.

Dose will depend on a variety of factors, including the therapeutic index of the drugs, disease type, patient age, patient weight, and tolerance of toxicity. Dose will generally be chosen to achieve serum concentrations from about 0.1  $\mu$ g/ml to about 100  $\mu$ g/ml. Preferably, initial dose levels will be selected based on their ability to achieve ambient concentrations shown to be effective in in-vitro models, such as that used to determine therapeutic index, and in-vivo models and in clinical trials, up to maximum tolerated levels. Standard clinical procedure prefers that chemotherapy be tailored to the individual patient and the systemic concentration of the chemotherapeutic agent be monitored regularly. The dose of a particular patient can be determined by the skilled clinician using standard pharmacological approaches in view of the above factors. The response to treatment may be monitored by analysis of blood or body fluid levels of the glucose or GIP or GIP antagonist according to this invention, measurement of activity of the antagonist or its levels in relevant tissues or monitoring disease state of the patient. The skilled clinician will adjust the dose based on the response to treatment revealed by these measurements.

One approach to therapy of NIDDM is to introduce vector expressing antisense sequences to block expression of GIP and/or GIP receptor. In one embodiment of this invention, a method is provided which comprises obtaining a DNA expression vector containing a cDNA sequence having the sequence of human GIP or GIP receptor mRNA which is operably linked to a promoter such that it will be expressed in antisense orientation, and transforming cells which express GIP or GIP receptor, respectively, with the DNA vector. The expression vector material is generally produced by culture of recombinant or transfected cells and formulated in a pharmacologically acceptable solution or suspension, which is usually a physiologically-compatible aqueous solution, or in coated tablets, tablets, capsules, suppositories, inhalation aerosols, or ampules, as described in the art, for example in U.S. Patent 4,446,128, incorporated herein by reference.



- 11 -

The vector-containing composition is administered to a mammal exhibiting NIDDM in an amount sufficient to transect a substantial portion of the target cells of the mammal. Administration may be any suitable route, including oral, rectal, intranasal or by intravesicular (e.g. bladder) instillation or injection where injection may be, for example, transdermal, subcutaneous, intramuscular or intravenous. Preferably, the expression vector is administered to the mammal so that the target cells of the mammal are preferentially transfected. Determination of the amount to be administered will involve consideration of infectivity of the vector, transfection efficiency *in vitro*, immune response of the patient, etc. A typical initial dose for administration would be 10-1000 micrograms when administered intravenously, intramuscularly, subcutaneously, intravesicularly, or in inhalation aerosol, 100 to 1000 micrograms by mouth,  $10^5$  to  $10^{10}$  plaque forming units of a recombinant vector, although this amount may be adjusted by a clinician doing the administration as commonly occurs in the administration of other pharmacological agents. A single administration may usually be sufficient to produce a therapeutic effect, but multiple administrations may be necessary to assure continued response over a substantial period of time.

Further description of suitable methods of formulation and administration according to this invention may be found in U.S. Patents 4,592,002 and 4,920,209, which are incorporated herein by reference in their entireties.

The present invention also contemplates the use of the GIP antagonists and/or its properties to develop nonpeptide compounds which exhibit antagonist properties similar to the GIP polypeptide antagonists as herein described using techniques known those versed in the pharmaceutical industry.

### **Examples**

In order to facilitate a more complete understanding of the invention, a number of Examples are provided below. However, the scope of the invention is not limited to specific embodiments disclosed in these Examples, which are for purposes of illustration only.

#### **Example 1**

##### **Effects of Various Peptide Fragments on cAMP Production**

30

To define the biologically active region of GIP, the effects of several peptide fragments of GIP on stimulating cAMP-dependent  $\beta$ -galactosidase production in LGIPR2 cells were



- 12 -

examined. LGIPR2 cells are stably transfected with a cAMP-dependent promoter from the VIP gene fused to the bacterial *lac Z* gene. When intracellular cAMP increases within these cells, *lac Z* gene transcription is activated, resulting in the accumulation of its product,  $\beta$ -galactosidase. The measurement of  $\beta$ -galactosidase in this system provided a convenient, inexpensive, and nonradioactive method for detecting changes in the levels of intracellular cAMP.

LGIPR2 cells were grown in Dulbecco's Modified Eagle's Medium (DMEM) containing 4.5 g/L of glucose and 10% fetal calf serum. For each assay,  $10^5$  cells/well were seeded onto 24-well plates. After incubation overnight, peptides were added in various concentrations to the wells in the absence of 3-isobutyl-methylxanthine (IBMX) for 4 h, at which time maximal stimulation of  $\beta$ -galactosidase was determined. The medium was then removed and wells rinsed once with phosphate-buffered saline (PBS). The plates were then blotted briefly and frozen overnight at  $-70^\circ\text{C}$ , and, after the addition of chlorophenol red- $\beta$ -D-galactopyranoside, accumulated  $\beta$ -galactosidase was detected using a colorimetric assay, as described previously (Usdin, et al., 1993, *Endocrinology*, **133**:2861-2870).

Preliminary studies using LGIPR2 cells demonstrated that GIP(1-42) stimulated  $\beta$ -galactosidase production in a concentration-dependent manner, with the maximum effect observed at 4 h with  $10^{-8}$  M. Various peptide fragments of GIP, including GIP(21-30) $\text{NH}_2$ , GIP (16-30)- $\text{NH}_2$ , GIP (7-30)- $\text{NH}_2$ , GIP (1-30)- $\text{NH}_2$ , GIP (10-30)- $\text{NH}_2$ , and GIP (31-44), were synthesized at the Biopolymer Laboratory, Harvard Medical School, based on previously published rat GIP cDNA sequence (Tseng, et al., 1993, *Proc. Natl. Acad. Sci. USA*, **90**:1992-1996). LGIPR2 cells were incubated in the presence of  $10^{-8}$  M GIP or different GIP fragments for 4 h, and  $\beta$ -galactosidase was measured as described herein and expressed in optical density (O.D.) units. Figure 1A and 1B show cyclic AMP-dependent  $\beta$ -galactosidase generation in LGIPR2 cells in response to incubation with different fragments of GIP. Values are expressed as the mean  $\pm$  SE of quadruplicate measurements (\* $p < 0.01$ , compared to control).

As demonstrated in Figure 1A,  $10^{-8}$  M GIP (1-30)- $\text{NH}_2$  stimulated  $\beta$ -galactosidase production to a similar degree, while none of the other peptide fragments tested, including GIP (7-30)- $\text{NH}_2$ , GIP (16-30)- $\text{NH}_2$ , GIP (21-30)- $\text{NH}_2$ , and GIP (31-44), stimulated  $\beta$ -galactosidase generation above control levels. Furthermore, no changes in cAMP-dependent- $\beta$ -galactosidase levels were detected when LGIPR2 cells were incubated in the presence of higher concentrations of the smaller peptide fragments.



- 13 -

To examine whether any of these fragments might serve as an antagonist to GIP, LGIPR2 cells were incubated with  $10^{-8}$  M GIP (1-42) and one of the peptide fragments at two different concentrations ( $10^{-8}$  M or  $10^{-6}$  M ) for 4 h. LGIPR2 cells were cultured in the presence of  $10^{-8}$  M GIP and various concentrations of ANTGIP, as depicted on the horizontal axis of Figure 2.

- 5 Values are expressed as the mean  $\pm$  SE of quadruplicate measurements. Only GIP (7-30)-NH<sub>2</sub> (ANTGIP) was found to attenuate the cAMP stimulatory effects exhibited by GIP (1-42); the inhibition was concentration-dependent, with half-maximal inhibition occurring at  $10^{-7}$  M (Figure 2).

- 10 Figure 1B shows that peptide GIP (10-30)-NH<sub>2</sub> is an antagonist, albeit a weak one, as demonstrated by the reduction in GIP-stimulated  $\beta$ -gal levels when GIP (10-30)-NH<sub>2</sub> is present with GIP (1-42) compared to GIP (1-42) alone. On the other hand, GIP (10-30)-NH<sub>2</sub> also has agonist properties, as demonstrated by  $\beta$ -gal level of 0.39 O.D.  $\pm$  0.03 stimulated by GIP (10-30)-NH<sub>2</sub> alone, compared to  $0.95 \pm 0.04$  for GIP (1-42).



- 14 -

**Example 2**Receptor Binding Studies

Binding studies were performed in either LGIPR2 or  $\beta$ TC3 cells to determine the relative  
5 affinities of GIP, ANTGIP, and GLP-1 for both GIP and GLP-1 receptors. GLP(7-37) and  
porcine GIP (5  $\mu$ g each) were iodinated by the chloramine-T method and were purified using C-  
18 cartridges (Sep-Pak®, Millipore, Milford, MA) using an acetonitrile gradient of 30-45%. The  
specific activity of radiolabeled peptides was 10-50  $\mu$ Ci/mg (Hunter, et al., 1962, *Nature*,  
194:495-498; Kieffer, et al., 1993, *Can. J. Physiol. Pharmacol.*, 71:917-922). Aliquots were  
10 lyophilized and reconstituted in assay buffer at 4°C to a concentration of  $3 \times 10^5$  cpm/100  $\mu$ l.  
Binding studies was performed in desegregated LGIPR2 or  $\beta$ TC2 cells, the latter a generous gift  
from Dr. S. Efrat (Diabetes Center, Albert Einstein College of Medicine, New York). The  $\beta$ TC2  
cell line originally arose in a lineage of transgenic mice expressing an insulin promoted, SV40 T-  
antigen hybrid oncogene in pancreatic  $\beta$ -cells (Efrat, et al., 1988, *Proc. Natl. Acad. Sci. U.S.A.*,  
15 85:9037-9041) and has previously been demonstrated to be responsive to both GIP and GLP  
(Kieffer, et al., 1993, *Can. J. Physiol. Pharmacol.*, 71:917-922). The receptor binding buffer  
contained 138 mM NaCl, 5.6 mM KCl, 1.2 mM  $MgCl_2$ , 2.6 mM  $CaCl_2$ , 10 mM Hepes, 10 mM  
glucose, and 1% bovine serum albumin (BSA, fraction V, protease free, Sigma). For binding  
assays, LGIPR2 (GIP binding) or  $\beta$ TC3 (GLP-1 binding) cells were cultured in DMEM  
20 containing 4.5 g/L of glucose and 10% fetal bovine serum until 70% confluent. Cells were  
washed once with PBS and then harvested with PBS-EDTA solution.  $\beta$ TC3 cells were then  
suspended in assay buffer at a density of  $2 \times 10^6$  cells/ml, and LGIPR2 cells were used at a density  
of  $2.5 \times 10^5$  cells/ml. Binding was performed at room temperature in the presence of  $3 \times 10^5$   
cpm/ml of [ $^{125}$ I]- GIP and -GLP. Nonsaturable binding was determined by the amount of  
25 radioactivity associated with cells when incubated in the presence of unlabeled  $10^{-6}$  M GIP, GLP,  
or  $10^{-4}$  M ANTGIP. Specific binding was defined as the difference between counts in the absence  
and presence of unlabeled peptide. GIP binding was examined using LGIRP2 cells, and GLP-1  
binding was assessed using  $\beta$ TC3 cells, and the results are shown in Figure 3. Values are  
expressed as a percentage of maximum specific binding and are the mean  $\pm$  SE, with assays  
30 performed in duplicate.

GIP and ANTGIP displaced the binding of [ $^{125}$ I]GIP to LGIPR2 cells in a concentration-  
dependent manner (Fig. 3), with an  $IC_{50}$  of 7 nM for GIP (n=5) and 200 nM for ANTGIP (n=4).



- 15 -

Binding of [ $^{125}$ I]GLP-1 to its  $\beta$ TC3 cell receptor was displaced fully by GLP-1, but negligibly by ANTGIP, with an  $IC_{50}$  of 4 nM and 80  $\mu$ M, respectively (n=7; Fig. 3).

### Example 3

#### 5                    Intravenous Infusion of Peptides in Fasting Anesthetized Rats

Adult male Sprague-Dawley rats (250-350 g) were purchased from Charles River Co. (Kingston, MA). For infusion studies, rats were fasted overnight and then anesthetized using intraperitoneal sodium pentobarbital. The right jugular vein was cannulated with silicon polymer  
10 tubing (0.025 in I.D., 0.047 in O.D., Dow Corning Corporation, Midland, MI), as described by Xu and Melethil (21). The tubing was then connected to an infusion pump (Harvard Apparatus Co., Inc., Millis, MA), and freshly made 0.9% NaCl, 5% glucose, arginine, GIP, or GLP-1 (peptides and arginine dissolved in 0.9% NaCl) was infused at a rate of 0.1 ml/min. Blood (0.5 ml each) was obtained at 0, 10, 20, and 30 min by translumbar vena cava puncture, as described  
15 by Winsett *et al.* (1985, *Am. J. Physiol.*, 249:G145-146), and samples were centrifuged at 2,000 g for 10 min. Serum samples were separated and stored at -20°C until assayed for insulin using a radioimmunoassay kit (ICN Biochemicals, Costa Mesa, CA), and glucose, using a One Touch liß glucose meter (Lifescan, INS., Milpitas, CA).

To examine the insulinotropic effect of GIP *in vivo*, fasted anesthetized rats were perfused  
20 continuously with three different concentrations of GIP (0.5, 1.0, and 1.5 nmol/kg) at a rate of 0.1 ml/min for 30 min ( $10^{-8}$  M equivalent to 1 nmol/kg/30 min). Significant increases in plasma insulin levels were first detected at 15 min, and after completion of the GIP infusion, insulin levels were elevated with all three GIP concentrations ( $43.5 \pm 2.7$ ,  $61.6 \pm 4.2$ , and  $72.4 \pm 3.5$   $\mu$ IU/ml, respectively) compared to control ( $32.2 \pm 3.3$   $\mu$ IU/m,  $p < 0.05$ , Fig. 4). The concomitant  
25 administration of ANTGIP (100 nmol/kg) completely abolished the insulinotropic properties of GIP (1.5 nmol/kg), with plasma insulin returning to control values (Fig. 4). GIP was infused at 0.5, 1.0, and 1.5 nmol/kg, with the largest insulin stimulatory response seen with 1.5 nmol/kg. ANTGIP (100 nmol/kg) administered concomitantly with GIP 1.5 nmol/kg completely abolished its insulinotropic effect, whereas ANTGIP and 0.9% NaCl infusion had no effect on insulin  
30 secretion (n=6 for each group, \* $p < 0.05$ , compared with basal levels).

To examine whether ANTGIP exerted a nonspecific effect on  $\beta$ -cell function, GLP-1 (0.4 nmol/kg), glucose (0.8 g/kg), or arginine (375 mg/kg) was infused, in the presence or absence of



- 16 -

the antagonist for 30 min, as described by Wang et al. (13). Figure 5 shows plasma insulin concentrations ( $\pm$  SE) in fasted anesthetized rats after a 30-min infusion of GLP-1 (0.4 nmol/kg), glucose (0.8 g/kg), or arginine (375 mg/kg) with (open bars) or without (solid bars) ANTGIP (100 nmol per kg) ( $n=6$  for each group,  $*p < 0.05$ , compared with basal levels). GLP-1, glucose, and arginine alone each significantly increased insulin levels after 15 min of infusion, and by 30 min, the insulin levels in GLP-1-, glucose-, and arginine-infused rats were  $50.3 \pm 3.7$ ,  $63.1 \pm 2.5$ ,  $69.7 \pm 5.8$   $\mu$ IU/ml respectively ( $p < 0.01$ , compared with control rats,  $29.1 \pm 2.9$   $\mu$ IU/ml, Fig. 5). No significant change in the insulin response was detected when ANTGIP was administered concomitantly (Fig. 5).

#### Example 4

##### Insulinotropic Effect of GIP in Trained Conscious Fed Rats

Postprandial plasma insulin and serum glucose levels were studied in conscious trained rats. Previous reports have indicated that the stress response to injection in untrained rats might alter their feeding and subsequently glucose and insulin levels (13). To avoid such a response, rats were trained for 10 d before experimentation. They were fasted from 17:00 to 08:00, and 0.9% NaCl (0.3ml) was injected subcutaneously at 08:00 before feeding. After the injection of 0.9% NaCl, animals were given rat chow for 30 min, after which it was removed. At the end of ten days, the rats were accustomed to the injection and ate quickly (consuming 4-6g of rat chow within 30 min).

On the day of the experiment, after fasting from 17:00 the night before, trained rats were injected subcutaneously at 08:00 with 0.3 ml of either 0.9% NaCl or ANTGIP (100 nmol/kg). This dose was chosen to approximately the amount of peptide used in the anesthetized animal studies of Example 3. After injection, six of the fasted control rats were killed to obtain baseline serum glucose and insulin levels. ANTGIP- or 0.9% NaCl-treated rats ( $n=6$  in each group) were exposed to chow for 30 min, after which food was withdrawn. Rats were then anesthetized by intraperitoneal sodium pentobarbital, and blood was collected by translumbar vena cava puncture at 20 and 40 min for the subsequent measurement of plasma insulin, glucose, and GLP-1.

Figure 6 shows postprandial plasma insulin and serum glucose levels ( $\pm$ SE) in conscious trained rats ( $* p < 0.01$  compared to ANTGIP injection). In response to consuming chow, serum glucose and plasma insulin levels increased significantly, with insulin levels of  $38.7 \pm 5.3$  and  $58.9$



- 18 -

Treitz, is isolated and flushed with approximately 20 ml of about 0.9% NaCl. The jejunal test segments are each perfused twice, initially with control buffer and then once again with control buffer or with the test solution. The test solution consists of Krebs-Ringer-bicarbonate buffer containing about 5 mmol/L [ $^{14}\text{C}$ ]D-glucose, and  $^3\text{H}$ -labeled polyethylene glycol is included in the luminal perfusate to correct for fluid movement. The test or control solution is perfused through the jejunal segment without recirculation at a flow rate of about 1.6 ml/min, using a Harvard PHD 2000 syringe pump (Harvard Apparatus, Millis, MA). The effluent from the luminal segment is collected at about 5-min intervals for about 30 min. After the initial period of perfusion, the luminal contents in the jejunum are flushed with about 20 ml of about 0.9% NaCl prior to the initiation of the second period of perfusion. In all experiments, animals are administered either about 0.9% NaCl (control) or ANTGIP (10 nmol/kg body weight) though the inferior vena cava by single injection at about time 0 min.

The enclosed Figure 9 depicts the effects of the GIP receptor antagonist, ANTGIP, on the absorption of free D-glucose from the lumen of the jejunal test segment. Data points are believed to represent the rate of glucose disappearance from the luminal perfusate corrected for fluid movement. Results are expressed as the mean  $\pm$ SE of five experiments. Statistical significance (\*) is assigned if  $P < 0.05$ . As seen in the figure, a ANTGIP is believed to significantly reduce the absorption of D-glucose from the jejunal test segment throughout the entire 30-mini period of perfusion. Thus, it is believed that one of the mechanisms by which GIP receptor antagonism may improve glucose tolerance is by decreasing intestinal glucose absorption.

For purposes of clarity of understanding, the foregoing invention has been described in some detail by way of illustration and example in conjunction with specific embodiments, although other aspects, advantages and modifications will be apparent to those skilled in the art to which the invention pertains. The foregoing description and examples are intended to illustrate, but not limit the scope of the invention. Modifications of the above-described modes for carrying out the invention that are apparent to persons of skill in medicine, molecular biology, pharmacology, and/or related fields are intended to be within the scope of the invention, which is limited only by the appended claims.

All publications and patent applications mentioned in this specification are indicative of the level of skill of those skilled in the art to which this invention pertains. All publications and patent applications are herein incorporated by reference in their entireties to the same extent as



**- 19 -**

if each individual publication or patent application was specifically and individually indicated to be incorporated by reference.

Having describe our invention, we claim:



- 20 -

(1) An antagonist of glucose-dependent insulintropic polypeptide (GIP) consisting essentially of a 24 amino acid polypeptide corresponding to positions 7-30 of the sequence of GIP.

5 (2) A method of treating non-insulin dependent diabetes mellitus in a patient comprising administering to the patient an antagonist of glucose-dependent insulintropic polypeptide (GIP).

(3) A method of improving glucose tolerance in a non-insulin dependent diabetes  
10 mellitus patient comprising administering to the patient an antagonist of glucose-dependent insulintropic polypeptide (GIP).

(4) A method of preventing, inhibiting or reducing obesity in an animal comprising administering to the animal an antagonist of glucose-dependent insulintropic polypeptide (GIP)  
15 to inhibit, block or reduce glucose absorption from the intestine of the animal.

(5) A method according to claim 4, wherein the animal is a human.

(6) A method according to claim 4, wherein the antagonist comprises at least an  
20 effective number of amino acids corresponding to those amino acids in positions 7-30 of the sequence of GIP or effective alternative sequences thereto.

(7) A method according to claim 5, wherein the antagonist comprises a 24 amino acid polypeptide corresponding to positions 7-30 of the sequence of GIP or effective alternative  
25 sequences thereto.

(8) An antagonist of glucose-dependent insulintropic polypeptide (GIP).

(9) An antagonist according to claim 8, wherein said antagonist comprises at least an  
30 effective number of amino acids corresponding to those amino acids in posts 7-30 of the sequence of GIP or effective alternative sequences thereto.



- 21 -

(10) An antagonist according to claim 8, wherein said antagonist comprises a 24 amino acid polypeptide corresponding to positions 7-30 of the sequence of GIP or effective alternative sequences thereto.

5 (11) A pharmaceutical composition for preventing, inhibiting or reducing obesity in an animal comprising:

an effective amount of an antagonist of glucose-dependent insulintropic polypeptide (GIP) to inhibit, block or reduce glucose absorption from the intestine of the animal; and

10 an acceptable pharmaceutical carrier.

(12) A pharmaceutical composition according to claim 11, wherein the antagonist comprises at least an effective number of amino acids corresponding to those amino acids in positions 7-30 of the sequence of GIP or effective alternatives thereto.

15

(13) A pharmaceutical composition according to claim 11, wherein the antagonist comprises a 24 amino acid polypeptide corresponding to positions 7-30 of the sequence of GIP or effective alternatives thereto.

20 (14) A pharmaceutical composition according to claim 11, said pharmaceutical composition further including an inert pharmaceutical excipient selected from the group consisting of sweetening, flavoring, coloring, dispersing, disintegrating, binding, granulating, suspending, wetting, preservative and demulcent agents.

25 (15) An antagonist according to claim 8, wherein the antagonist is lyophilized.

(16) An antagonist of claim 15, wherein the lyophilized antagonist is reconstituted with a suitable diluent selected from the group consisting of normal saline, sterile water, glacial acetic acid, sodium acetate and combinations thereof.

30

(17) A method of developing a nonpeptide GIP antagonist comprising:



- 22 -

using a GIP antagonist to identify characteristics of the GIP antagonist or the antagonist properties of a GIP antagonist; and

developing a nonpeptide GIP antagonist which has characteristics similar to the GIP antagonist or antagonist properties of the GIP antagonist.

5

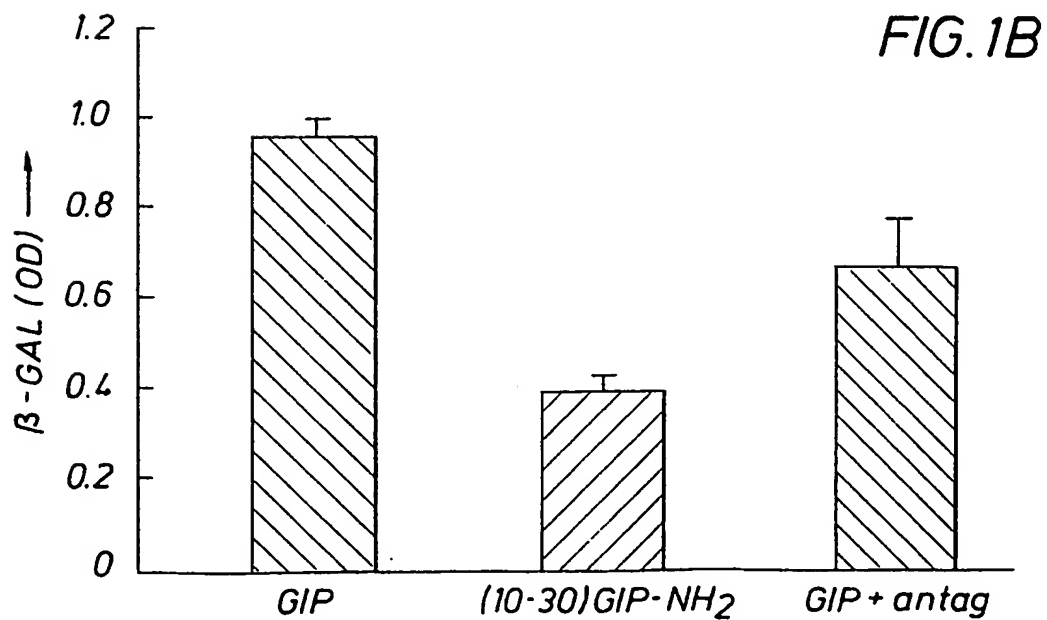
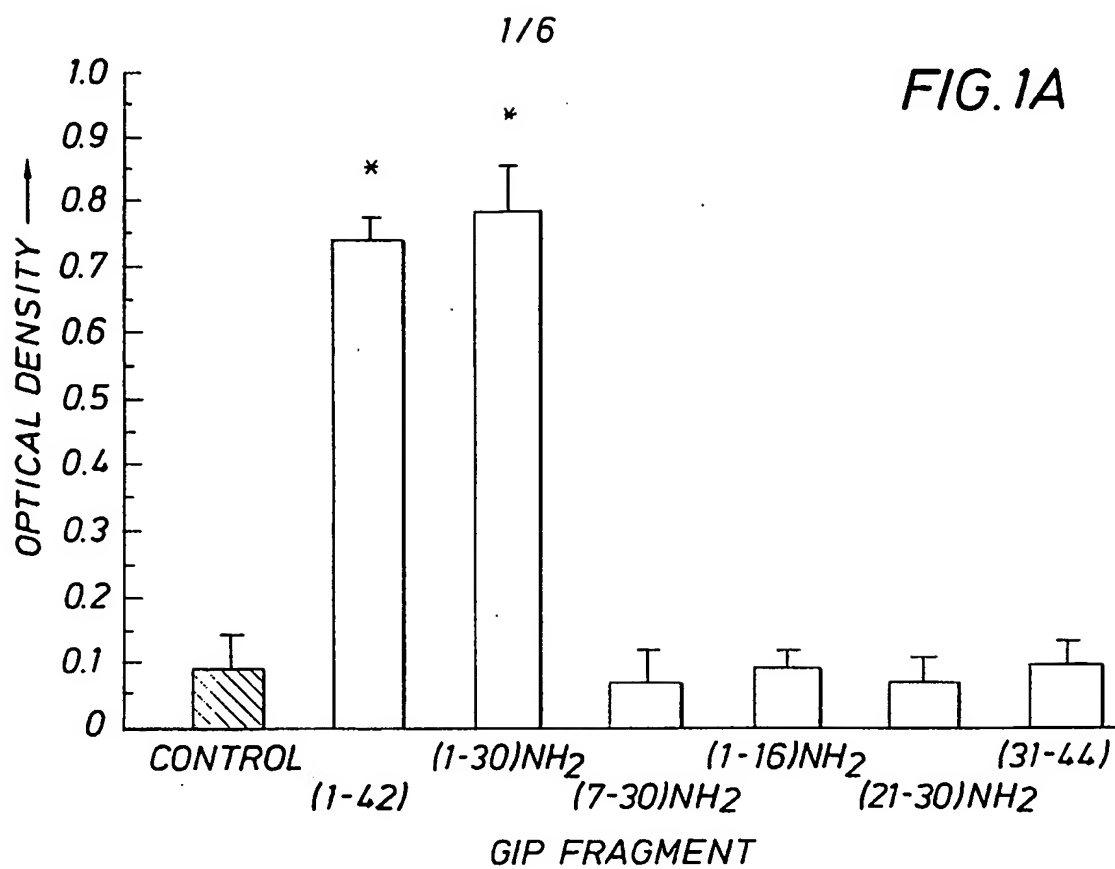
10

15

20

25







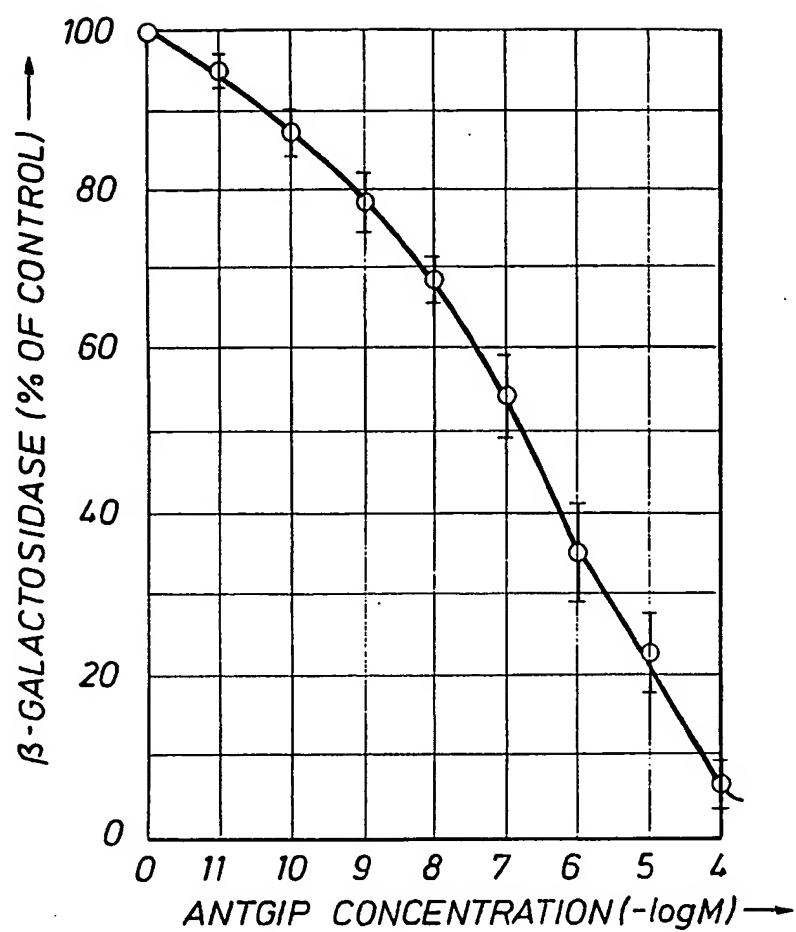


FIG. 2

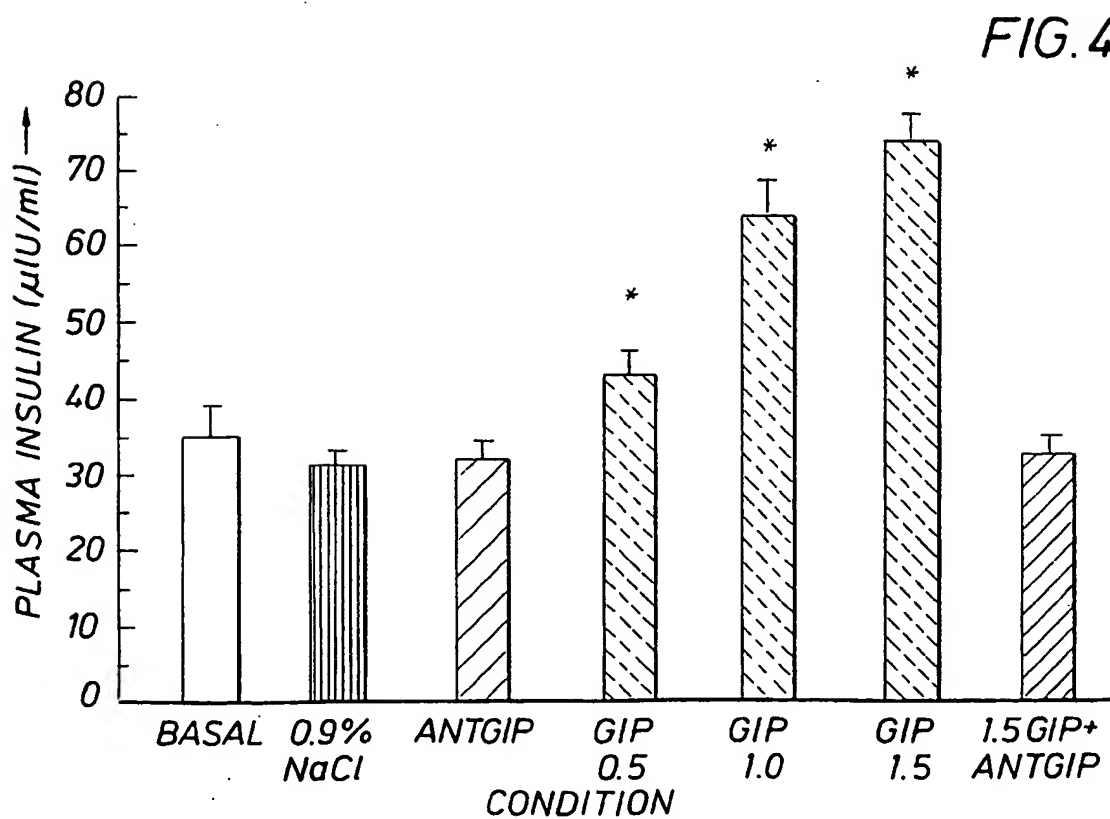
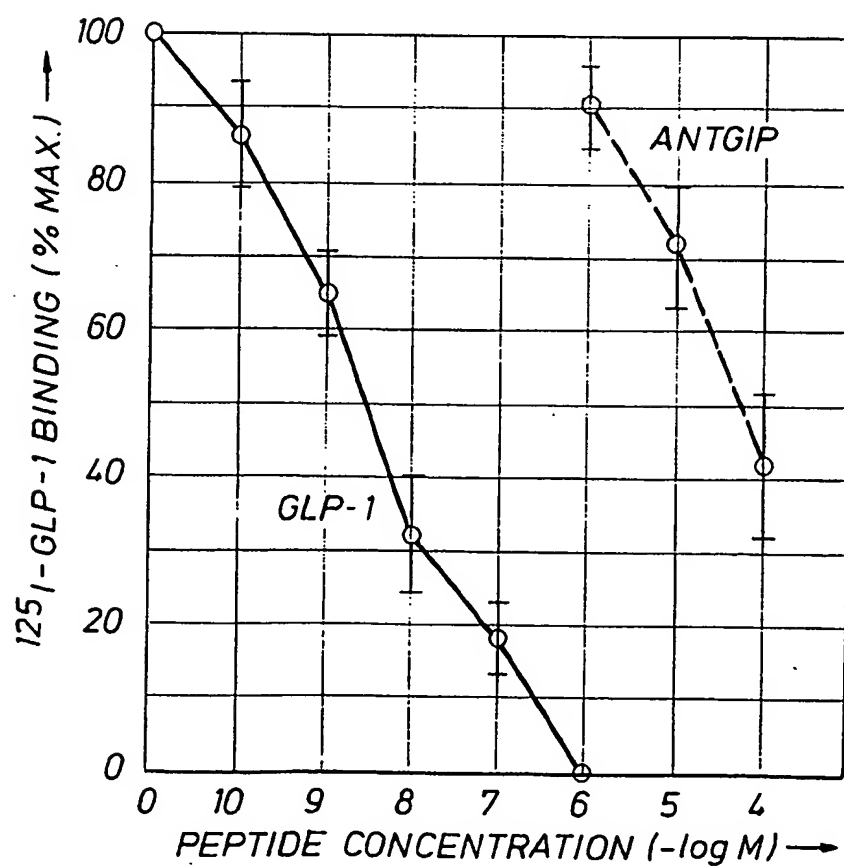
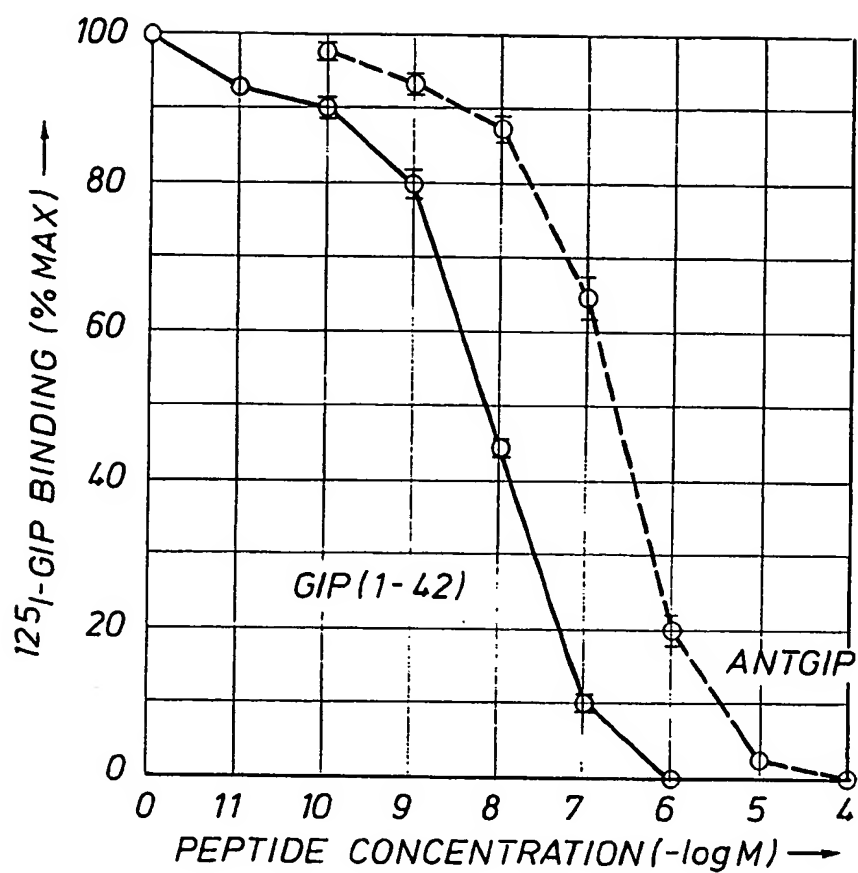
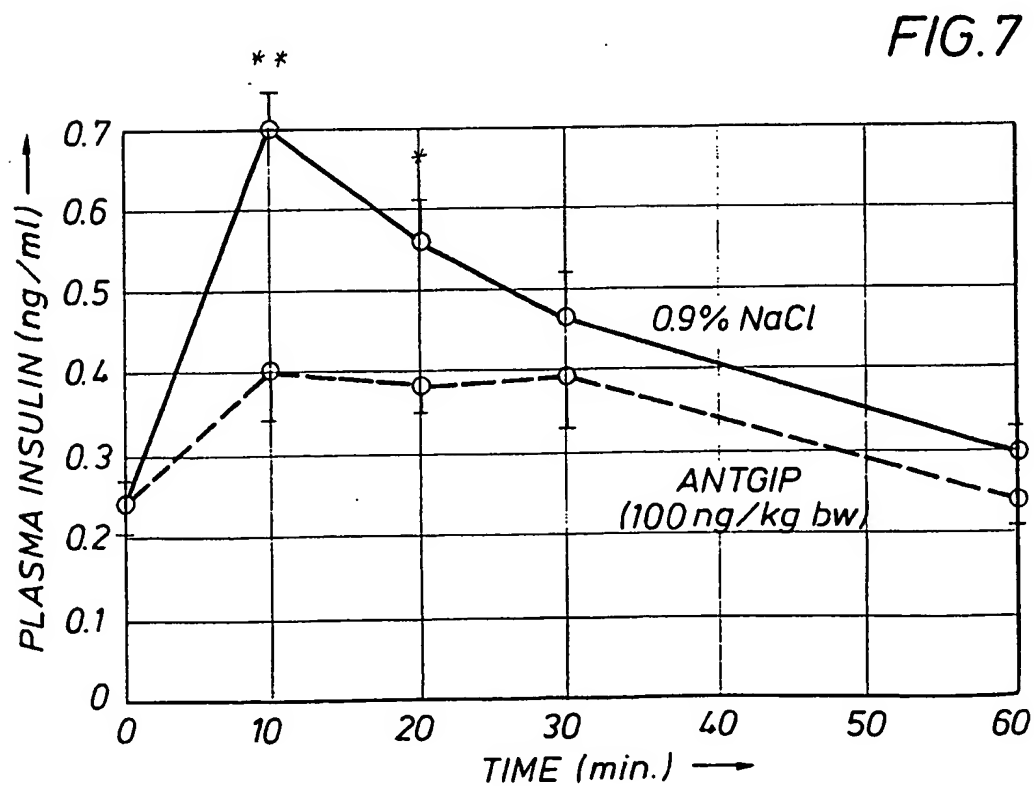
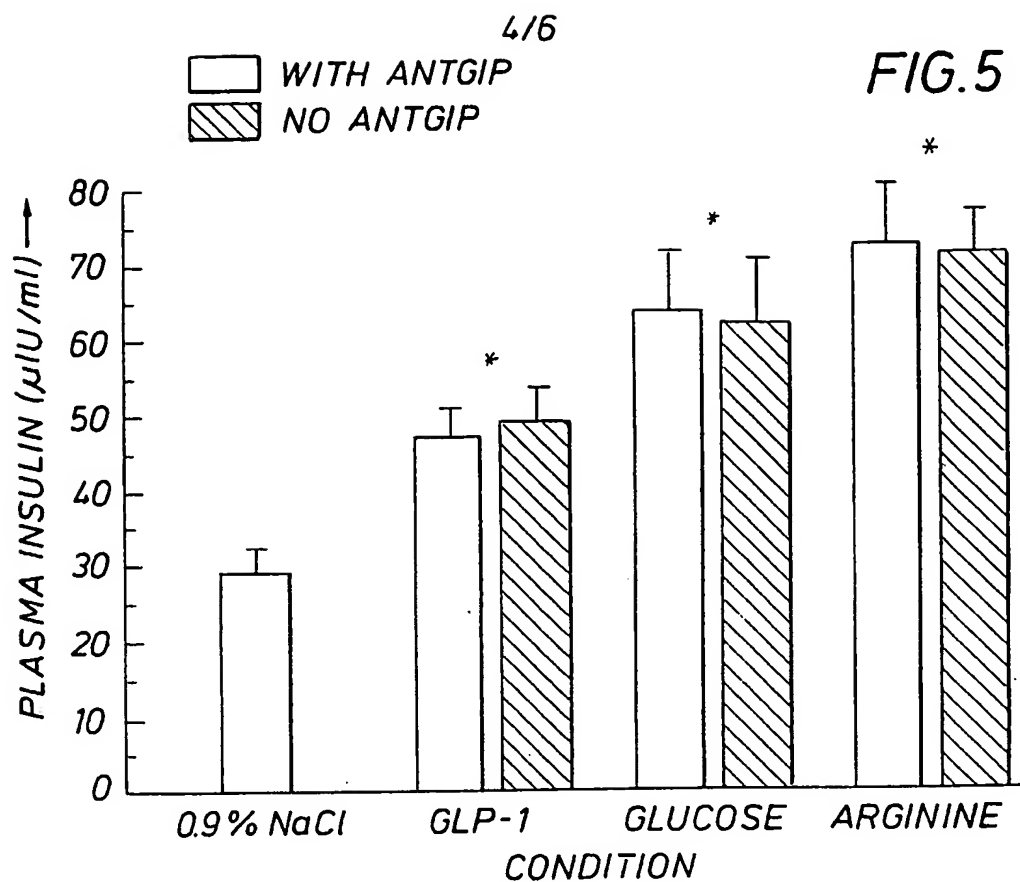


FIG. 4











5/6

FIG. 6A

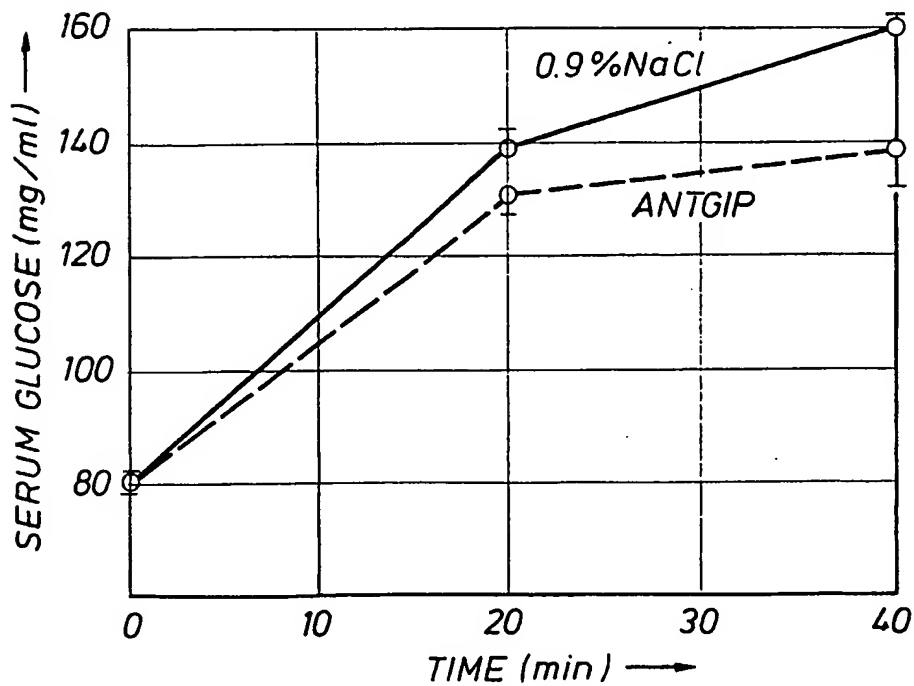
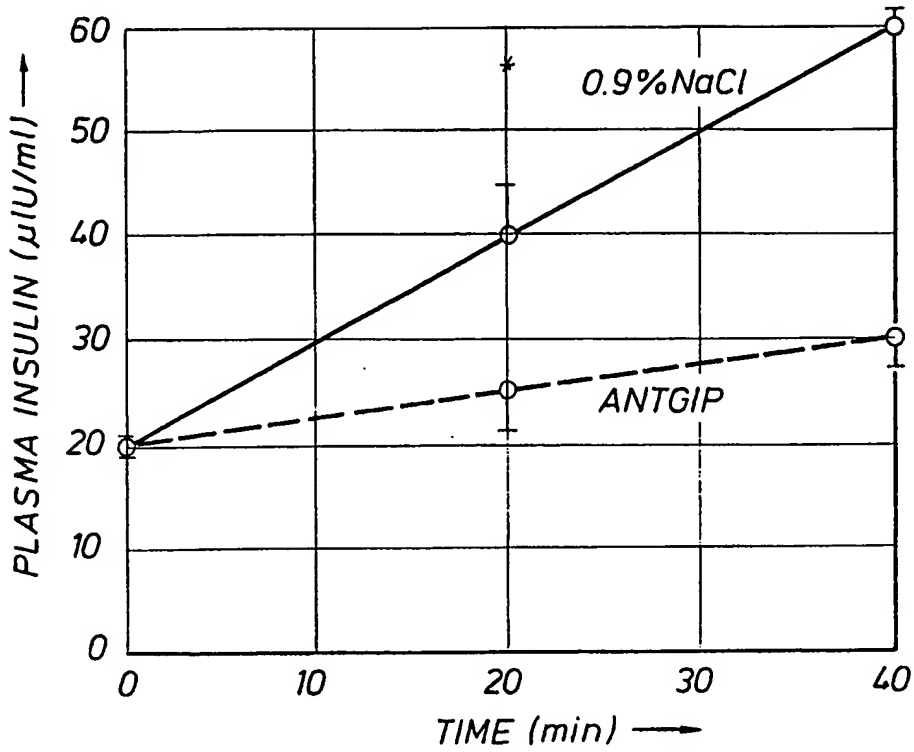


FIG. 6B



6/6

FIG. 8

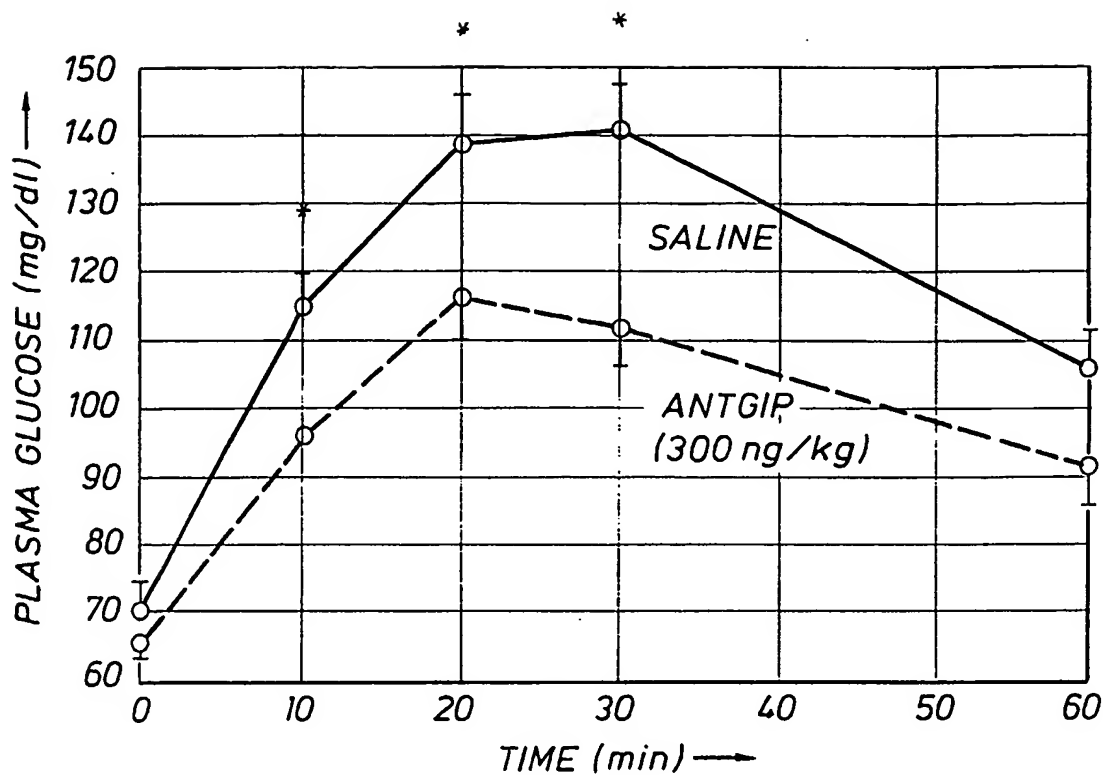
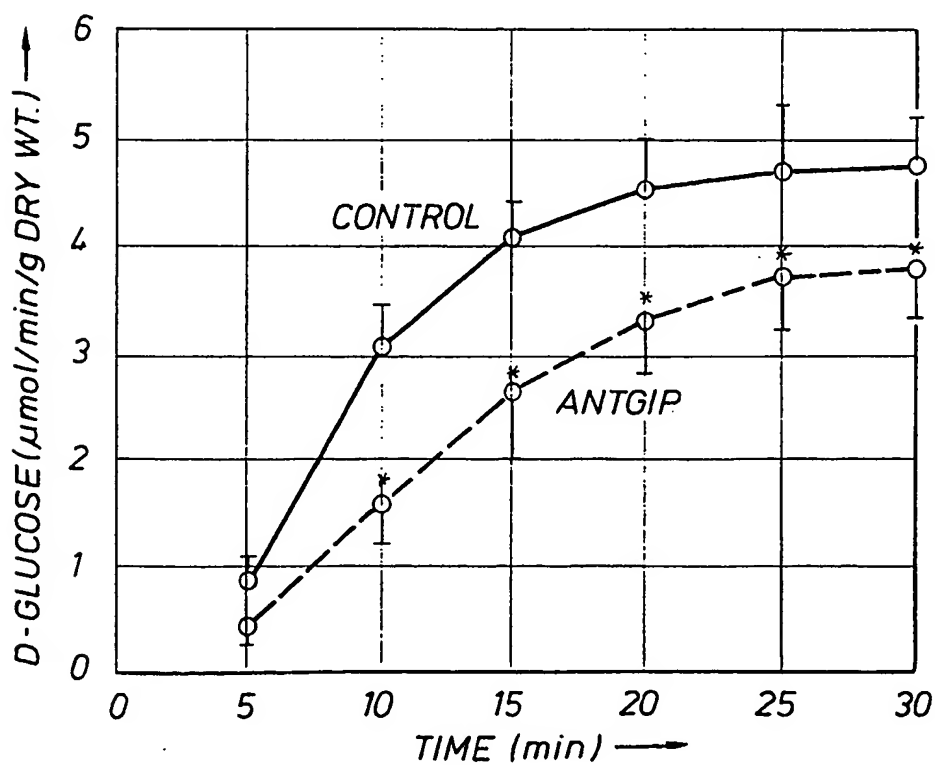


FIG. 9





## INTERNATIONAL SEARCH REPORT

International application No.  
PCT/US97/22418

**A. CLASSIFICATION OF SUBJECT MATTER**

IPC(6) : A61K 38/16; C07K 14/00

US CL : 530/325

According to International Patent Classification (IPC) or to both national classification and IPC

**B. FIELDS SEARCHED**

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 530/325, 303, 308; 364/496

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched  
none

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)  
Please See Extra Sheet.

**C. DOCUMENTS CONSIDERED TO BE RELEVANT**

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X ----- Y	TSENG, C. C. et al. Postprandial Stimulation of Insulin Release by Glucose-dependent Insulinotropic Polypeptide (GIP). J. Clin. Invest. 01 December 1996, Vol. 98, No. 11, pages 2240-2445, see entire document.	1, 8, 9, 10 ----- 2-7, 11-17
Y	MAZZAFERRI, E. L. et al. Gastric Inhibitory Polypeptide Response to Nutrients in Caucasian and American Indians with Obesity and Noninsulin-Dependent Diabetes Mellitus. Journal of Clinical Endocrinology and Metabolism. 1985, Vol. 61, No. 2, pages 313-321, see entire document.	2-7, 11-14
Y	KRARUP, T. et al. Responses to Molecular Heterogeneity of IR-GIP After Intraduodenal Glucose and Fat. Am. J. Physiol. 1985, Vol. 249, pages E195-E200, see entire document.	11-14

☒ Further documents are listed in the continuation of Box C. ☐ See patent family annex.

* Special categories of cited documents:	*T* later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
*A* document defining the general state of the art which is not considered to be of particular relevance	*X* document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
*B* earlier document published on or after the international filing date	*Y* document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
*L* document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	*A* document member of the same patent family
*O* document referring to an oral disclosure, use, exhibition or other means	
*P* document published prior to the international filing date but later than the priority date claimed	

Date of the actual completion of the international search

26 FEBRUARY 1998

Date of mailing of the international search report

01 APR 1998

Name and mailing address of the ISA/US  
Commissioner of Patents and Trademarks  
Box PCT  
Washington, D.C. 20231

Facsimile No. (703) 305-3230

Authorized officer

NIRMAL S. BASI

Telephone No. (703) 308-0196



## INTERNATIONAL SEARCH REPORT

International application No.  
PCT/US97/22418

C (Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y, E	US 5,614,492 A (HABENER) 25 March 1997, column 9, lines 41-50 and column 10, lines 1-26.	14-16
Y	US 5,463,564 A (AGRAFIOTIS et al) 31 October 1995, see entire document.	17
A	MOODY, J. M. et al. The Isolation and Sequencing of Human Gastric Inhibitory Peptide (GIP). FEBS Letters. July 1984, Vol. 172, No. 2, pages 142-149.	1-16
A	ROSSOWSKI, W. J et al. Reduced Gastric Acid Inhibitory Effect of a pGIP(1-30)NH <sub>2</sub> Fragment with Potent Pancreatic Amylase Inhibitory Activity. Regulatory Peptides. 1992, Vol. 39, pages 9-17.	1-16
A	CHEESEMAN, C. I. et al. The Effect of GIP and Glucagon-like Peptides on Intestinal Basolateral Membrane Hexose Transport. Am. J. Physiol. September 1996, Vol. 271, (3 pt. 1), pages G447-G482.	1-16



# INTERNATIONAL SEARCH REPORT

International application No.  
PCT/US97/22418

## Box I Observations where certain claims were found unsearchable (Continuation of item 1 of first sheet)

This international report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. ☐ Claims Nos.:  
because they relate to subject matter not required to be searched by this Authority, namely:
  
2. ☐ Claims Nos.:  
because they relate to parts of the international application that do not comply with the prescribed requirements to such an extent that no meaningful international search can be carried out, specifically:
  
3. ☐ Claims Nos.:  
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

## Box II Observations where unity of invention is lacking (Continuation of item 2 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

Please See Extra Sheet.

1. ☐ As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims.
2. ☒ As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3. ☐ As only some of the required additional search fees were timely paid by the applicant, this international search report covers only those claims for which fees were paid, specifically claims Nos.:
  
4. ☐ No required additional search fees were timely paid by the applicant. Consequently, this international search report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- ☐ The additional search fees were accompanied by the applicant's protest.  
☐ No protest accompanied the payment of additional search fees.



## INTERNATIONAL SEARCH REPORT

International application No.  
PCT/US97/22418

### B. FIELDS SEARCHED

Electronic data bases consulted (Name of data base and where practicable terms used):

APS, STN, MEDLINE, JAPIO, BIOSIS, SCISEARCH, WPIDS, CAPLUS, EMBASE

SEARCH TERMS: glucose-dependent insulintropic polypeptide, gip, antagonist, pharmaceutical, obesity, human, intestine, antibodies, sweetening, flavoring, coloring, dispersing, disintegrating, binding, lyophilize

### BOX II. OBSERVATIONS WHERE UNITY OF INVENTION WAS LACKING

This ISA found multiple inventions as follows:

This application contains the following inventions or groups of inventions which are not so linked as to form a single inventive concept under PCT Rule 13.1.

Group I, claims 1-16, drawn to antagonist of glucose-dependent insulintropic polypeptide (GIP) and methods of use.

Group II, claim 17, drawn to a method of developing a nonpeptide GIP antagonist.

The inventions listed as Groups I and II do not relate to a single inventive concept under PCT Rule 13.1 because, under PCT Rule 13.2, they lack the same or corresponding special technical features for the following reasons: the special technical feature of invention I is the particular polypeptide (24 amino acids) as recited in claim 1 which is not required for the invention of group II.